

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
STANDARD ANNULAR PRESSURE TEST

USEPA REGION 5
CIC BRANCH

Operator Linn Energy ✓State Permit No. 52231 ✓

Address _____

USEPA Permit No. MI-001-20-0013Date of Test 10-7-13 ✓Well Name Gaistlin 1-20 ✓Well Type 20

LOCATION INFORMATION NW Quarter of the NW Quarter of the NE Quarter
of Section 20; Range 8E; Township 27N; County Alcona;

Company Representative Kory GOEBEL; Field Inspector unwitnessed ✓;Type of Pressure Gauge 233.54 inch face; 4" psi full scale; 600/10 psi increments;New Gauge? Yes ☒ No ☐ If no, date of calibration _____Calibration certification submitted? Yes ☐ No ☐**TEST RESULTS**

Readings must be taken at least every 10 minutes for a minimum of 30 minutes for Class II, III and V wells and 60 minutes for Class I wells.

For Class II wells, annulus pressure should be at least 300 psig. For Class I wells, annulus pressure should be the greater of 300 psig or 100 psi above maximum permitted injection pressure.

Original chart recordings must be submitted with this form.

5-year or annual test on time? Yes ☒ No ☐2-year test for TA'd wells on time? Yes ☐ No ☐After rework? Yes ☐ No ☐Newly permitted well? Yes ☐ No ☐Pressure (in psig)

Time	Annulus	Tubing
<u>11:42 Am</u>	<u>340</u>	<u>-20</u>
<u>11:52 Am</u>	<u>339</u>	<u>-20</u>
<u>12:02 pm</u>	<u>338</u>	<u>-20</u>
<u>12:12 pm</u>	<u>338</u>	<u>-20</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Casing size 7"Tubing size 3 1/2"Packer type Target Full BorePacker set @ 1725'Top of Permitted Injection Zone _____
is packer 100 ft or less above top ofInjection Zone? Yes ☐ No ☐

If not, please submit a justification.

Fluid return (gal.) 3 1/2

Comments:

Test Pressures:

Max. Allowable Pressure Change: Initial test pressure x 0.03 10.2 psi
Test Period Pressure change 2 psi

Test Passed ☒Test Failed ☐

If failed test, well must be shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

I certify under penalty of law that this document and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See 40 CFR 144.32(d))

Kory GOEBELMy Sub10-7-13